

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09849561 FILING DATE 5-4-30-01  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
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TOTAL IND.	3					
TOTAL DEP.	14	↔	↔	↔		
TOTAL CLAIMS	17	↔	↔	↔		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↔		↔		↔
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		↔		↔		↔

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS